

Employee Address / Phone / *Name Change Request

Name: _____
Last First Middle

Employee ID Number: _____

Employee Type:

Please Check One

- Certificate
- Classified
- Cert. Sub
- Class. Sub
- Hourly

Employee Work Location: _____

Effective Date: _____

End Date: _____ (For Temporary Address Changes Only)

Address Change:

New Phone #:

Street Apt. #

() _____

City State Zip

Name Change:

***Please attach a copy of your new social security card; otherwise change will not be processed.**

Employee Signature

Date

Please return this form to Human Resources Information Services, M/S 33-391
or fax to (206)743-3020.

Questions?

Contact Human Resources – hr@seattleschools.org

HRIS use only	
Entered by:	
Date Entered:	